

9/936960

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		*		*		*	
							IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
	2						52					
	3						53					
	4						54					
	5						55					
	6						56					
	7						57					
	8						58					
1							59					
	1						60					
	2						61					
	3						62					
	4						63					
	5						64					
1							65					
	1						66					
1							67					
1							68					
1							69					
	1						70					
	2						71					
	3						72					
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	22						91					
	23						92					
	24						93					
	25						94					
	26						95					
	27						96					
	28						97					
	29						98					
	30						99					
	31						100					
	32						TOTAL IND.					
	33						TOTAL DEP.					
	34						TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY